

In re Application of LUCOVSKY et al.  
Serial No. 10/021,316

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this Amendment, along with Transmittal, Petition for Extension of Time, and Facsimile Cover Sheet, are being transmitted by facsimile to the United States Patent and Trademark Office in accordance with 37 C.F.R. 1.6(d) on the date shown below:

Date: October 20, 2005

  
\_\_\_\_\_  
Albert S. Michalik

3100 third Amendment

## LAW OFFICES

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**FACSIMILE COVER SHEET**RECEIVED  
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To: United States Patent and Trademark Office Attention: Examiner LEROUX, E.

Facsimile Number: 571-273-8300

From: Albert S. Michalik

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**RE: Serial No. 10/021,316, Attorney Docket No. 3100**

In re Application of:

LUCOVSKY et al.

Group Art Unit: 2161

Serial No. 10/021,316

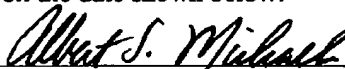
Examiner: LEROUX, E.

Filed: October 22, 2001

For: Schema-Based Services for Identity-Based  
Access to Contacts Data**CERTIFICATE OF TRANSMISSION**

I hereby certify that this Amendment, Amendment Transmittal, Credit Card Payment Form and Petition for Extension of Time are being transmitted by facsimile to the United States Patent and Trademark Office in accordance with 37 C.F.R. 1.6(d) on the date shown below:

Date: October 20, 2005

  
Albert S. Michalik

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PATENT  
Attorney Docket No. 3100

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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OCT 20 2005

In re Application of:

LUCOVSKY et al.

Group Art Unit: 2161

Serial No. 10/021,316

Examiner: LEROUX, E.

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For: Schema-Based Services for Identity-  
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## AMENDMENT TRANSMITTAL

TO THE COMMISSIONER FOR PATENTS:

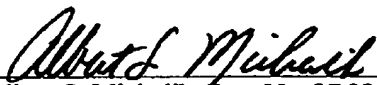
Transmitted herewith are the following papers in the above-identified application:

1. Amendment w/ Certificate of Transmission (25 pgs)
2. Petition for Extension of Time (1 pg)
3. Credit Card Payment Form (1 pg)

No additional claim fees are believed to be necessary.

- ☒ Please charge the credit card number listed on the Credit Card Payment Form the total amount of \$120.00 for the extension of time fee.
- ☒ If any additional fee is required in connection with this response, please charge Deposit Account No. 50-1618.
- ☒ If any overpayment has been made in connection with this response, please credit Deposit Account No. 50-1618.

Respectfully submitted,

  
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